


# \*RETURN TO FMF - LOCATION 7540

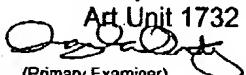
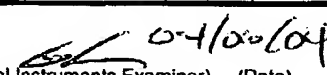
*Per Edit*

QUERY CONTROL FORM		<del>RTIS USE ONLY</del>	
Application No. <u>10/072366</u>	Prepared by <u>BRS</u>	<del>Tracking Number</del>	<del></del>
Examiner-GAU <u>Ortiz - 1732</u>	Date <u>5-10-04</u>	<del>Week Date</del>	<del></del>
No. of queries <u>1 CA</u>			

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE
<ul style="list-style-type: none"> <li>a. Page Missing</li> <li>b. Text Continuity</li> <li>c. Holes through Data</li> <li>d. Other Missing Text</li> <li>e. Illegible Text</li> <li>f. Duplicate Text</li> <li>g. Brief Description</li> <li>h. Sequence Listing</li> <li>i. Appendix</li> <li>j. Amendments</li> <li>k. Other</li> </ul>	<p><i>Claims / Duplicate Numbers: There a two Claim 4 is designated for this application. Please resolve.</i></p> <p style="text-align: center; font-size: 1.5em;"><i>Thanks</i></p>
CLAIMS	RESPONSE
<ul style="list-style-type: none"> <li>a. Claim(s) Missing</li> <li>b. Improper Dependency</li> <li><input checked="" type="radio"/> c. Duplicate Numbers</li> <li>d. Incorrect Numbering</li> <li>e. Index Disagrees</li> <li>f. Punctuation</li> <li>g. Amendments</li> <li>h. Bracketing</li> <li>i. Missing Text</li> <li>j. Duplicate Text</li> <li>k. Other</li> </ul>	<p style="text-align: right;">initials <u>BRS</u></p> <p><i>Index of Claims corrected.</i></p> <p style="text-align: right;">initials <u>DGO</u></p>

<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/072,366	GOLDBACH, HUBERT	
	Examiner	Art Unit	
	Angela Ortiz	1732	

ISSUE CLASSIFICATION										
ORIGINAL				CROSS REFERENCE(S)						
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
264	251			264	254	261	274	275	278	328.8
INTERNATIONAL CLASSIFICATION										
B	2	9	C	45/13						
B	2	9	C	45/14						
				/						
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				/						
_____ (Assistant Examiner) (Date)				Angela Ortiz Primary Examiner Art Unit 1732  4/2004 (Primary Examiner) (Date)				Total Claims Allowed: 10		
 0-4/00/004 (Legal Instruments Examiner) (Date)								O.G. Print Claim(s) 1	O.G. Print Fig. 5	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1		31		61		91
	2		32		62		92
4	3		33		63		93
5	4		34		64		94
6	5		35		65		95
7	6		36		66		96
8	7		37		67		97
9	8		38		68		98
10	9		39		69		99
	10		40		70		100
2	11		41		71		101
4	12		42		72		102
	13		43		73		103
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	15		45		75		105
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